ABORATORY DIRECTOR'S OR PREMOENSUPPLIER REPRESENTATIVE'S SIGNATURE

TATE FORM

During a face to face interview with the Vice

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Ycontinuent short 1 of 12

OND DATE

Health F	Regulation Administr	Mon						
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDENSUPPLE IDENTIFICATION NU HCA0003		(X2) MULT A. BUILDE B. WING	· · · · · · · · · · · · · · · · · · ·	COMPLE	TED	
A)A)# 65 I		ric/augs	WIRET AN	TADDRESS, CITY, STATE, ZP CODE				
NAME OF F	PROVIDER OR SUPPLIER							
VMT HO	ME HEALTH AGENCY	1	WASHING	TON DC	T AVE NW SUITE 200 10006			
(X4) HD PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCE YMUST BE PRECEDED BY SIC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION) CROSS-REPERENCED TO THE A DEFICIENCY)	ACTION SHOULD BE OX		
H 158	Continued From pa	ge 1		H 155	,			
	11:44 a.m., that the	tions, it was acknowled personnel record to alted to provide evide	rthe					
H 162	3907.6 PERSONNI	EL .		H 162	.			
	At the time of initial employment of each employee, the home care agency shall verify that the employee, within the six months immediately preceding the date of hire, has been screened for and is free of communicable disease.			H162 3907.6 PERSONNEL Employee #8 had a physica Physician utilized their own physical form which did not	al; however, to history and include the			
	Based on interview facility's personnel one of the Register	met as evidenced by and record review, to record failed to ensu- ed Nurses had been diseases for one (1) ple.	he re that screened		"free of communicable dise VMT has a standard medic that staff can utilize for phys form includes a space for the acknowledge that the employers from communicable diseases Home Health Agency provides	al request for siculs. This te physician to toyee is free as. The VMT	m 0	
	The finding include:	5 :			Home Health Agency provide the employee. The employee to return the form immediate	ee is expecte	d l	
	Review of Staff #8's personnel record on January 19, 2010, at approximately 1:00 p.m., revealed the staff had a physical examination on file, however, at the time of the survey, there was no documented evidence that the staff had been screened for any communicable diseases.			physician has documented employee is free from any odiseases and it will been plated. The Personnel records are Quarterly.	that the communicable aced in her file	.		
	During a face to fed President of Operat 3:32 p.m., that the p #8 falled to provide	e interview with the \ ions, it was acknowle hysical examination evidence that she ha mmunicable disease	/ice edged at for Staff ed been	•	Godfierly.	1		
H 262	3911.2(b) CLINICAI	RECORDS		H 262				
			ı				1	

HTT811

Health	Regulation Administr	etion				FORM	APPROVED
STATEM AND PLA	ENT OF DEFICIENCIES N OF CORRECTION	(X1) PROVIDER/SUPPLE IDENTIFICATION NU HCARROS	EVOLIA MBER:	(X2) MAJ A. BUNLE B. WING		(XX) DATE S COMPL	URVEY ETED
NAME OF	PROVIDER OR SUPPLIER	TRANSPORT .	STREET A	CDEEPER CO		01/2	0/2010
ł	OME HEALTH AGENCY	r	4201 CC		, STATE, ZIP COCE IT AVE NW SUITE 200 2000		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMBNT OF DEFICIENCIE MUST BE PRECEDED BY SC IDENTIFYING INFORMA	ET di I	PREFIX TAG	PROVIDERS PLAN OF COR (EACH CORRECTIVE ACTION I CROSS-REFERENCED TO THE A DEFICIENCY)		(XS) COMPLETE DATE
H 262	Continued From pe	ge 2		H 262			
	information related	•					
	if from a hospital or	oi, including date of a extended care facility	y; mscharge		H262 3911.2(b) CLINICAL	RECORDS	
	This Statute is not met as evidenced by: Based on interview and record review, the agency's clinical record failed to include the source of referral for one (1) of nine (9) patients in the sample. (Patient #6)			VMT's current intake form in necessary information include referral source. VMT will re- who take potential beneficial on its intake form to include contact number of the referr	ding the educate all s ry information the name an	1	
	The finding includes	:			The record was reviewed for	, ,	
	Review of Patient #6 19, 2010, at approxi the source of referm record.	mately 9:25 a.m., rev I was not in the medi	reale di ical		and the referral source is cu documented in the record. The Medical Record's Speci responsible for ensuring that	mently alist will be	
	During a face to face of Nursing (DON) on approximately 9:30 a the source of referral medical record.	January 19, 2010, a LM., it was acknowle	t dned		is complete prior to complete Beneficiary's chart.	ng the	Off
	There was no docum of referral was docum	ented evidence the enterior in the medical	eource il record.	,			
H 274	3911.2(n) CLINICAL	RECORDS		Н 274			
	Each clinical record s information related to	hall include the follow the patient:	Wing		·*		
j	(n) Type of medical a patient;	quipment used by th	•		. •		
_	This Statute is not me Based on interview ar	et as evidenced by: nd record review, the					

Health	Regulation Administra	etion				FORM	APPROVED
	nt of deficiencies of correction	(XT) PROVIDENSUPPLE EDENTIFICATION NU HCAGGGS		(C2) MULTIPLE CONSTRUCTION A BUMDING B. WING		(X3) DATE SURVEY COMPLETED	
NAME OF	PROVIDER OR SUPPLIER	TRUMPINA	STREET AC	COESS CO	STATE, ZIP CODE	91/2	0/2010
	ME HEALTH AGENCY	•	4301 CO		T AVE NW SUITE 200		
(X4) IO PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIE MUST BE PRÉCEDED BY SCIDENTIFYING INFORM	PHI	ID PREFIX TAG	PROVIDERS PLAN OF CORRECT (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPRIDERCIES)	A O RE	(XB) COMPLETE DATE
H 274	Continued From pa	ge 3		H 274			
	facility's clinical reco	ord failed to ensure If the medical equipm ree (3) of nine (9) pa	nent used : tients in		H274 3911.2(n) CLINICAL RE		
	Certification and Pla	1, #4, and #9's Home of Care (POC) on thely between 1:35 pent all of the medical the patients as evided as glucometer; indeptial bed and rail a back brace interview with the Endanuary 19, 2010, a p.m., it was acknowled on the POC.	January Im3:10 Imced by: Ised toilet Director Int Edged all Idents		The Plan of Care for patient #1 updated to include glucometer; #4 to include hospital bed and rollet seat and for patient #9 to back brace. The checking to ensure medical is on the Plan of Care is a norm for the agency. The staff will be educated on this practice. The Director of Nursing and/or the Assistant Director of Nursing will Check the Plan of Care to ensured equipment used by the is listed on the plan of care prior the MD signing the document.	for patient aised include I equipmental practices the Il double re that the beneficiar	nit S
	3911.2(s) CLINICAL Each clinical record a information related to (s) Documentation of given to the patient a	shall include the folio the patient: finaining and educal	ion	H 279			
	This Statute is not m Based on interview a tion Administration	net as evidenced by: nd record review, the	Home				

Health Regulation Administration

	TATEMENT OF DEFICIENCIES (X1) PROMDER/BUPPLIET/CLIA (XENTIFICATION MUNICIPALITY)			A. BUILD	TIPLE CONSTRUCTION NG	(X3) DATE SURVEY COMPLETED	
	HCA0003			B. We/G			V2040
NAME OF F	PROVIDER OR BUPPLIEN		STREET AD	PRESS, CITY	STATE, ZIP CODE	V1/24	4 60 10
VMT HO	ME HEALTH AGENCY	•	4201 COI WASHING	NNECTICU ITON, DC	T AVE NW SUITE 208 20008		
(X4) ID PREFIX TAG	(FACH DEFICIENCY	TEMENT OF DEFICIENCIE 'MUST BE PRECEDED BY SCIDENTIFYING INFORM	RUL	PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOT CROSS-REFERENCED TO THE APPR DEFICIENCY)	AD AF	COMPLETE DATE
H 279	Continued From pa	ge 4		H 279			· · · · -
	Care Agency (HCA) failed to ensure documentation of training and education given to the patient and the patient's caregivers for one (1) of nine (9) patients in the sample. (Patient #3)				H279 3911.2(s) CLINICAL RE	CORDS	
	The findings include Review of Patient is Supervisory Visit no 2009 and Novembe specific training and patient and the patie disease processes. During a face to face Nursing (DON) on Japproximately 2:10 (the RN did not documeducation given to Port the diease process. There was no document of the patient and the patient and the patient.	K3's, Nursing Visit Notes dated September 28, 2009, revealed education given to the caregiver on the interview with Direct interview acknowledged to the specific transport the specific transport in the specific trans	r 28, no the patient's ctor of edged ining and hegiver		A review of patient #3's record to identify the patient's disease The patient and patient's careg educated and the record will be Educational materials will be gli RN in the care package includir material on the disease process needed to ensure that the RN materials available at all times. The Director of Nursing and/or that the RN provides education beneficiary and caregiver.	processes iver will be document ven to the g reference as as as the the	ited.
	3914.3(g) PATIENT The plan of care sha (g) Physical assess diagnoses; This Statute is not m Based on interview a facility's Plan of Care pertinent diagnoses f patients in the sample	If include the following all penent, including all penent, including all penent as evidenced by: If as evidenced by: If (POC) failed to include two (2) of nine (9)	rtinent e Joseph	H 358			
ulth Harris	The findings include: Ion Administration						İ
man naggytet	POR AdMinistration						

AND PLAN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER EXENTIFICATION NUM HCABOGS	VCLIA BER:	(XZ) MUL A. BUILD B. WING		(XS) DATE S COMPLE	ETED.		
NAME OF	PROVIDER OR SUPPLIER		STREET ADD	REET ADDRESS, CITY, STATE, ZIP CODE					
VMT HO	ME HEALTH AGENCY	r	4201 CON	CONNECTICUT AVE NW SUITE 200 HINGTON, DC 20008					
(X4) ID PREFIX TAG	I (ISACH DEPICIENC)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY F SC IDENTIFYING INPORMAT	Silve a Silve a	ID PREFEX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		COMPLETE DATE		
H 358	Continued From pe		H 358						
H 366	Certification and Platinat all pertinent dia the POC as evidence the POC as evidence a. Review of Patient 2010, at approximate plan did not include During a telephone Administrator and During a telephone Administrator and During a telephone did not include the diagnosis. During a face to face Melitus. t # 1's POC on Januar tely 12:45 p.m., reveal the diagnosis of Heps interview with the birector of Nursing (DC t approximately 1:45 p. Patient # 1's POC did is of Heps titis C. # 2's POC on Januar ely 12:45 p.m., reveal the diagnosis of Diabs interview with the DC tapproximately 1:25 p. Patient # 12's POC did to of Diabs the Melitius. AN OF CARE all be approved and signify (30) days of the waver, that a plen of c.	y 19, led the stiffs C. N) on on one, it not y 19, sed the stert sare for tice of or order of it.	1 396	H358 3914.3(g) PATIENT A review of the medical re # 1 and # 2 revealed that the Plan of Care is the dialis currently treating the between the Agency understands the fine of including all pertinent diality pockand has updated the include all diagnosis. To ensure that pertinent diamissed, the Director of Nursing the POC for accuracy.	cord for patient the diagnosis or agnosis that VM neficiary for, the importance agnosis on the record to	2/5/10 n			

Health	Regulation Administra	tion				FURM A	PAROVED
	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDEN/SUFFLIE IDENTIFICATION NU HCA0003	ERICLIA MIDER:	(X2) MUL A. BUILD B. WING	NG	OMPLET	ED
NAME OF	PROVIDER OR SUPPLIER	MCADO03				01/20	/2010
NO CORRECTOR	LHOAIDER OK SOLLFIER				STATE, 2P CODE		
VMT HC	ME HEALTH AGENCY		WASHIN	ONNECTICU GTON, DC	TAVE NW SUITE 200 20006		
(XA) IID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCE MUST BE PRECEDED BY SCIDENTIFYING INFORMA	FLB 1	PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	8É	(XS) COMPLETE DATE
H 366	Continued From pa	ge 6		H 366			
	This Statute is not Besed on interview	met as evidenced by and record review, t are (POC) was not ap	he		Annual Control of Cont		······································
	and signed by a phy of the start of care in the eample. (Patient #1 and #4) The findings include Review of Patient # (POC) on Jenuary 1 between 12:15 p.m. POC was not approwithin thirty (30) day however skilled numimplemented according. Patient #1's POC and b. Patient #4's POC and b. Patient #4's POC and proximal proximately 1:45 proximately 1	reicien within thirty (3 for two (2) of nine (9) e. If and #4's Plan of C (9), 2010, approximat, -1:35 p.m., reveale wed and signed by a re of the start of care sing services was being to the POC as e dated November 30 dated December 8, in January 19, 2010, app.m., it was acknowled.	dispersions patients		H366 3914.4 PATIENT PLAN OF The Plan of Care for patient # 1 ar has been signed by the physician. has several mechanisms to ensure physicians are notified within the 3 time frame to sign the beneficiaried. Those procedures include but are limited to the following: 1) Call the Physician's office; 2) fax the POC follow up with a call; 3) mail the PC follow up with a call and 4) take the to the physician's office for signature. For all documentation needing a Physician's signature, VMT calls the Physician's office 2-4 times per we multiple copies of the POC at least per week; and during the third and week attempt to take the POC to the Physician's office. Finally, the VMT contact the Medical Director when	nd # 4 VMT the the so day so POC, not e and DC and e POC ire. The the twice fourth in the twice fourth in the twice in twice in the twice in twice	2/5/10
	the POC was not applysician within thirt care for Patient #1 a There was no docum was approved and a thirty (30) days of the 3915.11(f) HOME HI AIDE SERVICE Home health side du foliowing:	y (30) days of the stand #4. nented evidence the igned by a physician start of care. EALTH & PERSONA	POC within	H411	necessary.		

HTT811

Health	Regulation Administra	tion				ЮКМ	APPROVED
	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDENSUPPLE IDENTIFICATION NU HCA0803		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED	
MAME OF	PROVIDER OR SUPPLIER	1101000	STREET A	MARKES COLV	STATE, ZIP CODE	<u> </u>	20/2010
	ME HEALTH AGENCY	<u>, </u>	4361 CO		TAVE NW SUITE 200		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY SIC IDENTIFYING INFORMA	FULL	PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOL CROSS-REPERENCED TO THE APPRI DEFICIENCY)	JLD BE	COMPLETE DATE
H 411	Continued From pa	ge 7		H 411			
	(f) Observing, recor patient's physical or appearance;	- ding, and reporting to endition, behavior, or	he				
	Based on a record in determined that the health aides records patient's physical or appearance for six sample. (Patient #2) The findings include Review of Patient #2 medical records on approximately between	(6) of nine (9) patient 2, #3,#4, #5, #6, and 22, #3,#4, #6, #6, and 22, #3,#4, #6, #6, and 23, #3,#4, #6, #6, and 24, #3,#4, #6, #6, and 25, #3,#4, #6, #6, #6, #6, #6, #6, #6, #6, #6, #6	it was ure home the ts in the #9). I #9's p.m., recorded tion, birector at adged and home	H 458	H411 3915.11(f) HOME HEAL PERSONAL CARE AIDE SERV VMT has changed its Home Heat Activity Record to more visibly mesults of the patient's physical behavior and appearance. The will be utilized immediately. A not the change will be sent to all His Aides will also be educated registrorm.	/ICE alth Aide effect the condition, new form nemo of iAs. The	1
			1]
eath Recuts	tion Administration					<u>_</u> <u>_</u>	

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TIGHTAIN.	CATCHER OF LANDING						
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NUI		A. BUILDIN	IPLE CONSTRUCTION IG	(XX) DATE SURVEY COMPLETED	
		HCA0003		B. WING		01/20/20	10
NAME OF P	ROYIDER OR SUPPLIER		STREET AD	RESS, CITY,	STATE, ZIP CODE		
VMT HO	ME HEALTH AGENCY	•		NHECTICUT TON, DC 1	TAVE NW SUITE 200 10008		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIE Y MUST BE PRECEDED BY SC IDENTIFYING INFORMA	FULL	PROVIDER'S PLAN OF CORRECTION PREFIX TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)			(XS) OMPLETE DATE
H 456	(f) Supervision of a	ervices delivered by i		H 456			
; :	health and personal care aides and household support staff, as appropriate;		sehold				
	This Statute is not met as evidenced by: Based on interview and record review, the Home Care Agency (HCA) falled to ensure the nurse			H456 3917.2 (f) SKILLED NU SERVICES	RSING		
	supervised services delivered by the home health aide (HHA), as appropriate for one (1) of nine (9) patients in the sample. (Patient #6) The finding includes:			While Patient #6's medical rec document the supervisory visit been done. The Director of Nu	s they had ursing and/or	2/5/10	
					the Assistant Director of Nursin continue to inform the RN's do	cument their	
	and Plan of Care (I	6's Home Health Co OC) dated Septemb	er 24,		supervisory visits for the home		
	approximately 11:1	2010, on January 19 0 a.m., revealed the RN) was to supervise			The VMT's supervisory form his appropriate space for the RN to The RNs will have a schedule. Home health aides should be a The Director of Nursing and/or	o document. of when supervised.	
	Review of Patient #	6's medical record o	an ne		Assistant Director of Nursing w	ill verify that	
	January 19, 2010, a	at approximately 11:1	5 a.m.,		the RN has completed the visit	s and the	
		RN supervisory notes November and Deci			documentation of the visits pricincluding the RN notes in the beneficiary's chart.		
	During a face to face interview with the Director of Nursing (DON) on January 19, 2010, at approximately 11:30 a.m., it was acknowledged the RN did not have any supervisory notes in Patient #6's medical record for the aforementioned months.					,	
:	There was no documented evidence the nurse supervised services delivered by the home health aide.						
H 457	3917.2(g) SKILLED	NURSING SERVICE	ES	H 457			
anth Recul	stion Administration						

<u>Health</u>	Regulation Administra	tion				FORM /	APPROVED
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROMDER/SUPPLIE IDENTIFICATION NU	RICLIA MBER:	(X2) MUL A. BUILD B. WANG		(X3) DATE SI COMPLE	
		HCADO03				01/20	2 /20 10
	PROVIDER OR BUPPLIER ME HEAL, TH AGENCY	r	4201 CO		STATE, ZIP CODE IT AVE NW SUITE 200 20003		
(X4) IO PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIE MUST BE PRECEDED BY SCIDENTIFYING INFORMA	FLB (ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOI CROSS-REPERENCED TO THE APPR DEFICIENCY)	LORE	(XS) COMPLETE DATE
H 457	Continued From pa	ge 9		H 457			
	Duties of the nurse the following:	shall include, at a mi	inimum,				
	thirty (30) calendar	ress notes at least on days and summary n dy-two (62) calendar	otes at				
	Based on Interview Care Agency (HCA) recorded progress :	met as evidenced by sind record review, it falled to ensure the noise at least once er for one (1) of nine (9) and #5)	ne Home nurse vary thirty		H457 3917.2(g) SKILLED NUR SERVICES Patient # 5 was seen one to thr week as required. An RN Prog	ee times a	2/5/10
	The finding includes Review of Patient # and Plan of Care (P 2009, to January 14 at approximately 10: Registered Nurse (F nursing services one for nine (9) weeks. Review of Patient # January 19, 2010, at did not reveal any R aforementioned certification of Nursing (DON) on approximately 11:00 the RN had not record once every thirty (30) 6's medical record.	5's Home Health Car OC) dated Novembe, 2010, on January 1: 50 a.m., revealed the RN) was to provide at a (1) to three (3) time 5's medical record or approximately 10:50 N progress notes for fication period interview with the D January 19, 2010, a a.m., it was acknowled reled progress notes: calendar days in Pa	r 15, 9, 2010, e cilled s a week s a.m., the irector t odged at least		The RN was re-educated regan requirement. The Director of Nuncontinue to check the RN visits that the RN is abiding by the ore POC as it pertains to the freque beneficiary visits. A grid will be monitor the RN visits for each p This grid will be utilized to ensure RN progress notes that are due the certification period prior to including the notes in the benefit chart.	ding this ursing and sing will to ensure ders on the incy of utilized to atient. The during	3
ļ (recorded progress no (30) calendar days in	oles at least once evi	ery thirty	ŀ			

Health F	Regulation Administra	don			*	
	T OF DEFICIENCIES OF CONRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU HCA0863		(X2) MUL A. BUILD B. WING	NG	ATE SURVEY OMPLETED
		Tropages			STATE ZP CODE	01/20/2010
	PROVIDER OR SUPPLIER ME HEALTH AGENCY	Y	4201 CO		TAVE NW SUITE 200	:
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIE Y MUST BE PRECEDED BY SC IDENTIFYING INFORM	FULL	PREFIX TAG	PREFOL (EACH CORRECTIVE ACTION SHOULD BE	
H 457	Continued From per record.	ige 10		H 457		
H 459		NURSING SERVICE		H 459		
	(i) Patient instruction instruction; and	n, and evalutaion of	patient		H469 3917.2(I) SKILLED NURSING SERVICES	
	Based on interview facility's skilled nurs documentation of p	•	he sure i		The Registered Nurse provided educe on the medications; however, did not include that the patient was specifical instructed on the patient's medication compliance, side effects and when to the medication. The RNs will be re-educated that when the skilled nurse is instructing the parameters.	t ally n o take en tient
	1. Review of Patient Certification and Pla November 30, 2009 on January 19, 2016 revealed the Registinstruct Patient #1 o side effects, when to evaluate the effective Review of skilled no. 28, 2009, on Januar 1:38 p.m., revealed), 2010, :36 p.m., s to ance, nd to tions. scamber dmately the use		on the use of medication, the skilled will document the specifics of medication compliance, side effects and when to the medication. All RN's will receive memo reiterating the importance of ensuring that this is documented. The Director of Nursing and/or the Assistant Director of Nursing will more the skilled nursing documentation for accuracy including the documentation medication instruction.	ation take a
	for peripheral neurop During a face to fact of Nursing (DON) or	pathy". Pinterview with the Displaying 19, 2010, app. January 19, 2010, app. January 19, 2010, app. January 19, 2010, app.	director at			

Health R	tegulation Administra	tion					
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/EUPPLIE IDENTIFICATION NU		(XZ) MULT A. BUILDE B. WING	NG	COMPLET	TED
	**********	HCA0003				01/20	V2010
NAME OF P	ROVIDER OR SUPPLIER				STATE ZIP CODE		
VMT HO	ME HEALTH AGENCY	7	WASHING	NINECTICU STON, DC	T AVE NW SUITE 200 20005		
(X4) XD PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCE Y MUST BE PRECEDED BY SIG IDENTIFYING INFORMA	FLALL	PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LID BE	(XE) COMPLETE DATE
H 459	Continued From pe	ige 11		H 459			
·	instruct the patient side effects and wh	staff did not specification medication complete to take medication	liance, ns.				
		mented evidence of ructions taught or ev agement.					
H 560	3923.1 PHYSICAL	THERAPY SERVICE	ES	H 560	,]	
	If physical therapy services are provided, they shall be provided in accordance with the patient's plan of care.						
	Based on interview failed to ensure phy provided in accorda	met as evidenced by and record review, tr sicul therapy service moe with the patient nine (9) patients in th	he facility is are s plan of		H560 3923.1 PHYSICAL THER SERVICES Patient #8 has been instructed of Effective use of adaptive devices. A set of guidelines will be provided.	on the safe s. ed to the	2/19/10
	The finding includes	в;			Physical Therapist to ensure that Medical equipment is discussed.	t with the	İ
	and Plan of Care (P 2009, to February 1 at approximately 10 had listed under Du (DME) a wheelchair revealed the Physic	6's Home Health Ce OC) dated Decembe 0, 2010, on January :25 a.m., revealed th rable Medical Equipr and a walker. Furth al Therapist (PT) was in the safe and effect	er 11, 19, 2010, e patient ment er review s to		patient including the safe and eff of the equipment. These guideling also include that the documentate be specific and include the patien understanding of the device through return demonstration. The Patien instructed to sign that they under use of the equipment.	fectivenes: nes will tion must nt's ugh nt will he	
ŧ	Notes dated Decem January 4, 2010, on approximately 11:10	8's Physical Therapy ber 16, 21 and 30, 2 January 19, 2010, a 3 a.m., revealed no P in the safe and effect	009 and t atient #8				

ANY PROVIDER OF ENGINEERS (AT) PROVIDERS (AT) PROVIDERS (AT) PROVIDER OF CORRECTION (ATTEXT CONTINUED CONTINUED CONTINUED CONTINUED CONTINUED CONTINUED (ATTEXT CONTINUED CONTIN	Health Re	aulation Administra	ition		<u> </u>			*
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